

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/531735**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5	1		1			
6		1		1		
7		1		1		
8	1		1			
9		1		1		
10		1		1		
11		1		1		
12	1		1			
13		1		1		
14		1		1		
15		4		1		
16		3		1		
17	1		1			
18		1		1		
19		1		1		
20		1		1		
21		1		1		
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TOTAL IND.	5	↓	6	↓		↓
TOTAL DEP.	27	←	17	←		←
TOTAL CLAIMS	32		23			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						